

Fill in this information to identify your case and this filing:

Debtor 1 Melanie Smith
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) _____
First Name Middle Name Last Name

United States Bankruptcy Court for the: Western District of Washington

Case number 24-10218-CMA

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2.
- ☒ Yes. Where is the property?

1.1 3057 42nd Ave W
Street address, if available, or other description

Seattle, WA 98199
City State ZIP Code

King
County

What is the property? Check all that apply.

- ☒ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other _____

Who has an interest in the property? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	Current value of the portion you own?
<u>\$1,000,000.00</u>	<u>\$1,000,000.00</u>

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Homestead

☐ Check if this is community property (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here →

\$1,000,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No
- ☒ Yes

3.1 Make: Cadillac Who has an interest in the property? Check one.
Model: Brougham caddy ☒ Debtor 1 only
Year: 1990 ☐ Debtor 2 only
Approximate mileage: 125,000 ☐ Debtor 1 and Debtor 2 only
Other information: ☐ At least one of the debtors and another
☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \$1,000.00 Current value of the portion you own? \$1,000.00

If you own or have more than one, describe here:

3.2 Make: Cadillac Who has an interest in the property? Check one.
Model: Coupe caddy ☒ Debtor 1 only
Year: 1966 ☐ Debtor 2 only
Approximate mileage: 170,000 ☐ Debtor 1 and Debtor 2 only
Other information: ☐ At least one of the debtors and another
☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \$500.00 Current value of the portion you own? \$500.00

3.3 Make: Ford Who has an interest in the property? Check one.
Model: Navigator Navigator ☒ Debtor 1 only
Year: 1998 ☐ Debtor 2 only
Approximate mileage: 115,000 ☐ Debtor 1 and Debtor 2 only
Other information: ☐ At least one of the debtors and another
☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? unknown Current value of the portion you own? unknown

4. **Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

☒ No
☐ Yes

4.1 Make: _____ Who has an interest in the property? Check one.
Model: _____ ☐ Debtor 1 only
Year: _____ ☐ Debtor 2 only
Other information: ☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? _____ Current value of the portion you own? _____

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here

\$1,500.00

Part 3: Describe Your Personal and Household Items**Do you own or have any legal or equitable interest in any of the following items?****Current value of the
portion you own?**
Do not deduct secured
claims or exemptions.**6. Household goods and furnishings***Examples:* Major appliances, furniture, linens, china, kitchenware☐ No☒ Yes. Describe.**See Attached.****\$360.00****7. Electronics***Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games☐ No☒ Yes. Describe.**See Attached.****\$230.00****8. Collectibles of value***Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles☒ No☐ Yes. Describe.**9. Equipment for sports and hobbies***Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments☒ No☐ Yes. Describe.**10. Firearms***Examples:* Pistols, rifles, shotguns, ammunition, and related equipment☐ No☒ Yes. Describe.**90 Special****\$100.00****11. Clothes***Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories☐ No☒ Yes. Describe.**\$200.00****12. Jewelry***Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver☒ No☐ Yes. Describe.

13. Non-farm animals*Examples:* Dogs, cats, birds, horses☐ No☒ Yes. Describe.**Standard poodle 7 years old****\$100.00****14. Any other personal and household items you did not already list, including any health aids you did not list**☒ No☐ Yes. Give specific
information.**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here** →**\$990.00****Part 4: Describe Your Financial Assets****Do you own or have any legal or equitable interest in any of the following?****Current value of the
portion you own?**
Do not deduct secured
claims or exemptions.**16. Cash***Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition☐ No☒ Yes Cash:**\$500.00****17. Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.☐ No☒ Yes

Institution name:

Key Bank

17.1. Checking account:

Account Number: XXXX XXXXXg in**\$8,000.00****US Bank**

17.2. Checking account:

Account Number: X XXX XXXX 6854**\$409.00****Wells Fargo**

17.3. Checking account:

Account Number: XXXXX6394**\$500.00****18. Bonds, mutual funds, or publicly traded stocks***Examples:* Bond funds, investment accounts with brokerage firms, money market accounts☒ No☐ Yes Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture☒ No☐ Yes. Give specific information about them.....

Name of entity:

% of ownership:

_____	_____	_____
_____	_____	_____
_____	_____	_____

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☒ No☐ Yes. Give specific information about them.....

Issuer name:

_____	_____
_____	_____
_____	_____

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☒ No☐ Yes. List each account separately.

Type of account:

Institution name:

401(k) or similar plan:

Pension plan:

IRA:

Retirement account:

Keogh:

Additional account:

Additional account:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others☒ No☐ Yes

Institution name or individual:

Electric: _____

Gas: _____

Heating oil: _____

Security deposit on rental unit: _____

Prepaid rent: _____

Telephone: _____

Water: _____

Rented furniture: _____

Other: _____

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)☒ No☐ Yes

Issuer name and description:

_____**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No☐ Yes

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

_____**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**☒ No☐ Yes. Give specific information about them. ...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property*Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements☒ No☐ Yes. Give specific information about them. ...**27. Licenses, franchises, and other general intangibles***Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses☒ No☐ Yes. Give specific information about them. ...**Money or property owed to you?****Current value of the portion you own?**
Do not deduct secured claims or exemptions.**28. Tax refunds owed to you**☐ No☒ Yes. Give specific information about them, including whether you already filed the returns and the tax years.**Real Estate Property Tax refund for taxes paid during disability - probably secured subject to 1st deed of trust**

Federal: _____

State: _____

unknown

Local: _____

29. Family support*Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement☒ No☐ Yes. Give specific information.

Alimony: _____

Maintenance: _____

Support: _____

Divorce settlement: _____

Property settlement: _____

30. Other amounts someone owes you*Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else☒ No☐ Yes. Give specific information.

31. Interests in insurance policies*Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance☒ No

☐ Yes. Name the insurance company of each policy and list its value. ... Company name: Beneficiary: Surrender or refund value:

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☐ No☒ Yes. Give specific information.**Probate estate of Randall Smith****unknown****33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment***Examples:* Accidents, employment disputes, insurance claims, or rights to sue☒ No☐ Yes. Describe each claim.

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34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims☒ No☐ Yes. Describe each claim.

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35. Any financial assets you did not already list☒ No☐ Yes. Give specific information.

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36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here**\$9,409.00****Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?**☒ No. Go to Part 6.☐ Yes. Go to line 38.

Current value of the portion you own?
Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned☒ No☐ Yes. Describe.**39. Office equipment, furnishings, and supplies**

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

☒ No☐ Yes. Describe.**40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade**☒ No☐ Yes. Describe.**41. Inventory**☒ No☐ Yes. Describe.**42. Interests in partnerships or joint ventures**☒ No☐ Yes. Describe

Name of entity:

% of ownership:

43. Customer lists, mailing lists, or other compilations☒ No☐ Yes. **Do your lists include personally identifiable information** (as defined in 11 U.S.C. § 101(41A))?☐ No☐ Yes. Describe.

44. Any business-related property you did not already list

- ☒ No
- ☐ Yes. Give specific information

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here

**\$0.00****Part 6:** Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

- ☒ No. Go to Part 7.
- ☐ Yes. Go to line 47.

**Current value of the
portion you own?**
Do not deduct secured
claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

- ☒ No
- ☐ Yes

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48. Crops—either growing or harvested

- ☒ No
- ☐ Yes. Give specific information.

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49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

- ☒ No
- ☐ Yes

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50. Farm and fishing supplies, chemicals, and feed

- ☒ No
- ☐ Yes

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51. Any farm- and commercial fishing-related property you did not already list

☒ No☐ Yes. Give specific information.

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here

**\$0.00****Part 7:** Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership☒ No☐ Yes. Give specific information.

54. Add the dollar value of all of your entries from Part 7. Write that number here

**\$0.00****Part 8:** List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2

**\$1,000,000.00**

56. Part 2: Total vehicles, line 5

\$1,500.00

57. Part 3: Total personal and household items, line 15

\$990.00

58. Part 4: Total financial assets, line 36

\$9,409.00

59. Part 5: Total business-related property, line 45

\$0.00

60. Part 6: Total farm- and fishing-related property, line 52

\$0.00

61. Part 7: Total other property not listed, line 54

+**\$0.00**

62. Total personal property. Add lines 56 through 61.

\$11,899.00

Copy personal property total

**+ \$11,899.00**

63. Total of all property on Schedule A/B. Add line 55 + line 62.

\$1,011,899.00

Continuation Page

6.	Household goods and furnishings	
	<u>bed</u>	<u>\$0.00</u>
	<u>china / silverware</u>	<u>\$100.00</u>
	<u>clothes dryer</u>	<u>\$100.00</u>
	<u>coffee table</u>	<u>\$0.00</u>
	<u>dish washer</u>	<u>\$0.00</u>
	<u>dishes / flatware</u>	<u>\$40.00</u>
	<u>microwave</u>	<u>\$0.00</u>
	<u>pots / pans / cookware</u>	<u>\$20.00</u>
	<u>refrigerator / freezer</u>	<u>\$0.00</u>
	<u>sofa(s)</u>	<u>\$0.00</u>
	<u>stove</u>	<u>\$0.00</u>
	<u>washing machine</u>	<u>\$100.00</u>
7.	Electronics	
	<u>cellular telephones</u>	<u>\$0.00</u>
	<u>personal computer</u>	<u>\$200.00</u>
	<u>television 1</u>	<u>\$20.00</u>
	<u>vhs player</u>	<u>\$10.00</u>

Fill in this information to identify your case:

Debtor 1 Melanie Smith
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Western District of Washington

Case number 24-10218-CMA
(if known)

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property		Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from <i>Schedule A/B</i>	<i>Check only one box for each exemption.</i>	
Brief description:	<u>3057 42nd Ave W Seattle, WA 98199</u>	<u>\$1,000,000.00</u>	<input type="checkbox"/> _____	<u>Wash. Rev. Code. § 6.13.030(b)</u> <u>(Allocated: \$855,000.00)</u>
Line from <i>Schedule A/B</i> :	<u>1.1</u>		<input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description:	<u>1990 Cadillac Brougham caddy</u>	<u>\$1,000.00</u>	<input type="checkbox"/> _____	<u>Wash. Rev. Code. § 6.15.010(1)</u> <u>(d)(ii)</u>
Line from <i>Schedule A/B</i> :	<u>3.1</u>		<input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	

3. Are you claiming a homestead exemption of more than \$189,050?

(Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☐ No
- ☒ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☒ No
- ☐ Yes

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description: <u>1966 Cadillac Coupe caddy</u> Line from Schedule A/B: <u>3.2</u>	<u>\$500.00</u>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Wash. Rev. Code. § 6.15.010(1)(d)(iv)</u>
Brief description: <u>1998 Ford Navigator Navigator</u> Line from Schedule A/B: <u>3.3</u>	<u>unknown</u>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Wash. Rev. Code. § 6.15.010(1)(d)(iii)(C)</u>
Brief description: <u>sofa(s)</u> Line from Schedule A/B: <u>6</u>	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Wash. Rev. Code. § 6.15.010(1)(d)(i)</u>
Brief description: <u>coffee table</u> Line from Schedule A/B: <u>6</u>	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Wash. Rev. Code. § 6.15.010(1)(d)(i)</u>
Brief description: <u>refrigerator / freezer</u> Line from Schedule A/B: <u>6</u>	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Wash. Rev. Code. § 6.15.010(1)(d)(i)</u>
Brief description: <u>stove</u> Line from Schedule A/B: <u>6</u>	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Wash. Rev. Code. § 6.15.010(1)(d)(i)</u>
Brief description: <u>microwave</u> Line from Schedule A/B: <u>6</u>	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Wash. Rev. Code. § 6.15.010(1)(d)(i)</u>
Brief description: <u>dish washer</u> Line from Schedule A/B: <u>6</u>	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Wash. Rev. Code. § 6.15.010(1)(d)(i)</u>
Brief description: <u>washing machine</u> Line from Schedule A/B: <u>6</u>	<u>\$100.00</u>	<input checked="" type="checkbox"/> <u>\$100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Wash. Rev. Code. § 6.15.010(1)(d)(i)</u>

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description: <u>clothes dryer</u> Line from Schedule A/B: <u>6</u>	<u>\$100.00</u>	<input checked="" type="checkbox"/> <u>\$100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit <input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Wash. Rev. Code. § 11.92.060(3)</u> <u>Wash. Rev. Code. § 6.15.010(1)(d)(i)</u>
Brief description: <u>dishes / flatware</u> Line from Schedule A/B: <u>6</u>	<u>\$40.00</u>	<input checked="" type="checkbox"/> <u>\$40.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Wash. Rev. Code. § 6.15.010(1)(d)(i)</u>
Brief description: <u>china / silverware</u> Line from Schedule A/B: <u>6</u>	<u>\$100.00</u>	<input checked="" type="checkbox"/> <u>\$100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Wash. Rev. Code. § 6.15.010(1)(d)(i)</u>
Brief description: <u>pots / pans / cookware</u> Line from Schedule A/B: <u>6</u>	<u>\$20.00</u>	<input checked="" type="checkbox"/> <u>\$20.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Wash. Rev. Code. § 6.15.010(1)(d)(i)</u>
Brief description: <u>bed</u> Line from Schedule A/B: <u>6</u>	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Wash. Rev. Code. § 6.15.010(1)(d)(i)</u>
Brief description: <u>television 1</u> Line from Schedule A/B: <u>7</u>	<u>\$20.00</u>	<input checked="" type="checkbox"/> <u>\$20.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Wash. Rev. Code. § 6.15.010(1)(c)</u>
Brief description: <u>vhs player</u> Line from Schedule A/B: <u>7</u>	<u>\$10.00</u>	<input checked="" type="checkbox"/> <u>\$10.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Wash. Rev. Code. § 6.15.010(1)(c)</u>
Brief description: <u>personal computer</u> Line from Schedule A/B: <u>7</u>	<u>\$200.00</u>	<input checked="" type="checkbox"/> <u>\$200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Wash. Rev. Code. § 6.15.010(1)(c)</u>
Brief description: <u>cellular telephones</u> Line from Schedule A/B: <u>7</u>	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Wash. Rev. Code. § 6.15.010(1)(c)</u>

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description: <u>90 Special</u> Line from Schedule A/B: <u>10</u>	<u>\$100.00</u>	<input checked="" type="checkbox"/> <u>\$100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit <input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Wash. Rev. Code. § 6.15.010(1)(d)(ii)</u> <u>Wash. Rev. Code. § 6.15.010(1)(d)(i)</u>
Brief description: <u>Clothes</u> Line from Schedule A/B: <u>11</u>	<u>\$200.00</u>	<input checked="" type="checkbox"/> <u>\$200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Wash. Rev. Code. § 6.15.010(1)(d)(i)</u>
Brief description: <u>Standard poodle 7 years old</u> Line from Schedule A/B: <u>13</u>	<u>\$100.00</u>	<input checked="" type="checkbox"/> <u>\$91.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit <input checked="" type="checkbox"/> <u>\$9.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Wash. Rev. Code. § 6.15.010(1)(d)(iii)(C)</u> <u>Wash. Rev. Code. § 6.15.010(1)(d)(i)</u>
Brief description: <u>Cash</u> Line from Schedule A/B: <u>16</u>	<u>\$500.00</u>	<input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Wash. Rev. Code. § 6.15.010(1)(d)(iii)(C)</u>
Brief description: <u>Key Bank</u> <u>Checking account</u> <u>Acct. No.: XXXX XXXXXg</u> <u>in</u> Line from Schedule A/B: <u>17</u>	<u>\$8,000.00</u>	<input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Wash. Rev. Code. § 6.15.010(1)(d)(ii)</u>
Brief description: <u>Wells Fargo</u> <u>Checking account</u> <u>Acct. No.: XXXXX6394</u> Line from Schedule A/B: <u>17</u>	<u>\$500.00</u>	<input checked="" type="checkbox"/> <u>\$500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit <input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Wash. Rev. Code. § 6.15.010(1)(d)(i)</u> <u>Wash. Rev. Code. § 6.15.010(1)(d)(iii)(C)</u>
Brief description: <u>US Bank</u> <u>Checking account</u> <u>Acct. No.: X XXX XXXX</u> <u>6854</u> Line from Schedule A/B: <u>17</u>	<u>\$409.00</u>	<input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>Wash. Rev. Code. § 6.15.010(1)(d)(iii)(C)</u>

Debtor 1

Melanie**Smith**Case number (if known) **24-10218-CMA**

First Name

Middle Name

Last Name

Part 2: Additional Page**Brief description of the property and line on Schedule A/B that lists this property****Current value of the portion you own**

Copy the value from Schedule A/B

Amount of the exemption you claim
*Check only one box for each exemption.***Specific laws that allow exemption**

Brief description:

**Real Estate
Property Tax
refund for taxes
paid during
disability -
probably secured
subject to 1st deed
of trust
State tax****unknown****unknown****Wash. Rev. Code. § 6.15.010(1)
(d)(ii)**Line from
Schedule A/B:**28**100% of fair market value, up to
any applicable statutory limit

Brief description:

**Probate estate of
Randall Smith****unknown****Wash. Rev. Code. § 6.15.010(1)
(d)(ii)(Allocated: \$2,000.00)**Line from
Schedule A/B:**32**100% of fair market value, up to
any applicable statutory limit

Fill in this information to identify your case:

Debtor 1 Melanie Smith
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Western District of Washington

Case number (if 24-10218-CMA
known)

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A	Column B	Column C
Amount of claim	Value of collateral that supports this claim	Unsecured portion
Do not deduct the value of collateral.		If any

2.1	Selene Finance	Describe the property that secures the claim:	unknown	\$0.00	\$0.00
-----	-----------------------	--	----------------	---------------	---------------

Creditor's Name

Po Box 8619

Number Street

Philadelphia, PA 19101-8619

City State ZIP Code

Who owes the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim relates to a community debt

Date debt was incurred Last 4 digits of account number

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
- ☐ Statutory lien (such as tax lien, mechanic's lien)
- ☐ Judgment lien from a lawsuit
- ☐ Other (including a right to offset)

Add the dollar value of your entries in Column A on this page. Write that number here:

\$0.00

Part 1:		Column A	Column B	Column C	
Additional Page		Amount of claim	Value of collateral	Unsecured portion	
After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.		Do not deduct the value of collateral.	that supports this claim	If any	
2.2	Christiana Trust Creditor's Name 9990 Richmond Ave Ste 400 Number Street Houston, TX 77042-4546 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred _____	Describe the property that secures the claim: As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____ Last 4 digits of account number _____	unknown	\$0.00	\$0.00
2.3	Deutsche Bank National Trust Co. Trustee Creditor's Name c/o Newrez LLC 6200 S Quebec St Ste 300 Number Street Greenwood Vlg, CO 80111-4720 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred _____	Describe the property that secures the claim: 3057 42nd Ave W Seattle, WA 98199 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____ Last 4 digits of account number _____	unknown	\$1,000,000.00	\$0.00
Add the dollar value of your entries in Column A on this page. Write that number here:		\$0.00			
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:					

Part 1:		Column A	Column B	Column C
Additional Page		Amount of claim	Value of collateral that supports this claim	Unsecured portion
After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.		Do not deduct the value of collateral.		If any
2.4	QUALITY LOAN SERVICE Describe the property that secures the claim: unknown Amount of claim: \$0.00 Unsecured portion: \$0.00 Creditor's Name: 2763 Camino Del Rio S Ste 200 Number: 2763 Street: Camino Del Rio S City: San Diego, CA State: CA ZIP Code: 92108-3708 Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred: _____ Last 4 digits of account number: _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____	unknown	\$0.00	\$0.00
2.5	Specialized Loan Servicing Describe the property that secures the claim: unknown Amount of claim: \$0.00 Unsecured portion: \$0.00 Creditor's Name: 6200 S Quebec St Ste 300 Number: 6200 Street: S Quebec St City: Greenwood Vlg, CO State: CO ZIP Code: 80111-4720 Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred: _____ Last 4 digits of account number: _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____	unknown	\$0.00	\$0.00
Add the dollar value of your entries in Column A on this page. Write that number here:		\$0.00		
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:				

Part 1:

Additional Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Column C

Unsecured portion

If any

2.6 **WA ST EMPLOYMENT SECURITY DEPARTMENT** Describe the property that secures the claim: **unknown** **\$0.00** **\$0.00**

Creditor's Name

Po Box 35115

Number Street

Seattle, WA 98124-5115

City State ZIP Code

Who owes the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Date debt was incurred

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset) _____

Last 4 digits of account number

2.7 **Wilmington Savings Fund Society** Describe the property that secures the claim: **unknown** **\$0.00** **\$0.00**

Creditor's Name

Robertson, Anschutz, Schneid, Crane**13010 Morris Rd Ste 450**

Number Street

Alpharetta, GA 30004-2001

City State ZIP Code

Who owes the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Date debt was incurred

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset) _____

Last 4 digits of account number

Add the dollar value of your entries in Column A on this page. Write that number here:

\$0.00

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

Part 1:		Column A	Column B	Column C	
Additional Page		Amount of claim	Value of collateral that supports this claim	Unsecured portion	
After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.		Do not deduct the value of collateral.		If any	
2.8	Wilmington Savings Fund Society, FSB Creditor's Name c/o McCarthy & Holthus, LLP 108 1st Ave S Ste 300 Number Street Seattle, WA 98104-2104 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred _____	Describe the property that secures the claim: As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____ Last 4 digits of account number _____	unknown	\$0.00	\$0.00
2.9	Wilmington Savings Fund Society, FSB Creditor's Name c/o McCarthy & Holthus, LLP 108 1st Ave S Ste 300 Number Street Seattle, WA 98104-2104 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred _____	Describe the property that secures the claim: 3057 42nd Ave W Seattle, WA 98199 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____ Last 4 digits of account number _____	\$301,000.00	\$1,000,000.00	\$0.00
Add the dollar value of your entries in Column A on this page. Write that number here:		\$301,000.00			
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:		\$301,000.00			

Fill in this information to identify your case:

Debtor 1 Melanie Smith
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Western District of Washington

Case number 24-10218-CMA
(if known)

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☐ No. Go to Part 2.
☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

			Total claim	Priority amount	Nonpriority amount
2.1	Employment Security Department WA State Priority Creditor's Name Po Box 9045 Number Street Olympia, WA 98507-9045 City State ZIP Code	Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify	unknown	unknown	\$0.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					

Part 1: **Your PRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.			Total claim	Priority amount	Nonpriority amount
<u>2.2</u>	IRS Centralized Insolvency Operations Priority Creditor's Name <u>Po Box 7346</u> Number Street <u>Philadelphia, PA 19101-7346</u> City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____	<u>unknown</u>	<u>unknown</u>	<u>\$0.00</u>
<u>2.3</u>	IRS Special Procedures Priority Creditor's Name <u>915 2nd Ave W244</u> Number Street <u>Seattle, WA 98174-1009</u> City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____	<u>unknown</u>	<u>unknown</u>	<u>\$0.00</u>

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim	Priority amount	Nonpriority amount
-------------	-----------------	--------------------

2.4	WA STATE DEPT OF LABOR & INDUSTRIES	Last 4 digits of account number _____	<u>unknown</u>	<u>unknown</u>	<u>\$0.00</u>
-----	--	---------------------------------------	----------------	----------------	---------------

Priority Creditor's Name

When was the debt incurred? _____

BANKRUPTCY UNIT

PO Box 44171

As of the date you file, the claim is: Check all that apply.

Number Street

☒ Contingent

Olympia, WA 98504-4171

☐ Unliquidated

City State ZIP Code

☒ Disputed

Who incurred the debt? Check one.

Type of PRIORITY unsecured claim:

☒ Debtor 1 only

☐ Domestic support obligations

☐ Debtor 2 only

☐ Taxes and certain other debts you owe the government

☐ Debtor 1 and Debtor 2 only

☐ Claims for death or personal injury while you were intoxicated

☐ At least one of the debtors and another

☒ Other. Specify _____

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Debtor 1

Melanie

Smith

Case number (if known) **24-10218-CMA**

First Name

Middle Name

Last Name

Part 2:

List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☒ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☐ Yes

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. <u>\$0.00</u>
	6b. Taxes and certain other debts you owe the government	6b. <u>\$0.00</u>
	6c. Claims for death or personal injury while you were intoxicated	6c. <u>\$0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + <u>\$0.00</u>
	6e. Total. Add lines 6a through 6d.	6e. <u>\$0.00</u>
		Total claim
Total claims from Part 2	6f. Student loans	6f. <u>\$0.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. <u>\$0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. <u>\$0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + <u>\$0.00</u>
	6j. Total. Add lines 6f through 6i.	6j. <u>\$0.00</u>

Fill in this information to identify your case:

Debtor 1 Melanie Smith
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) _____
First Name Middle Name Last Name

United States Bankruptcy Court for the: Western District of Washington

Case number 24-10218-CMA
(if known)

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease	State what the contract or lease is for
2.1	<div><div>Name</div><div>Number Street</div><div>City State ZIP Code</div></div>	
2.2	<div><div>Name</div><div>Number Street</div><div>City State ZIP Code</div></div>	
2.3	<div><div>Name</div><div>Number Street</div><div>City State ZIP Code</div></div>	
2.4	<div><div>Name</div><div>Number Street</div><div>City State ZIP Code</div></div>	

Fill in this information to identify your case:

Debtor 1 **Melanie** **Smith**
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **Western** District of **Washington**

Case number **24-10218-CMA**
(if known)

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. **Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)

☒ No
☐ Yes

2. **Within the last 8 years, have you lived in a community property state or territory?** (*Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.*)

☐ No. Go to line 3.

☒ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

☒ No

☐ Yes. In which community state or territory did you live? _____. Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent

Number Street

City State ZIP Code

3. **In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on *Schedule D* (Official Form 106D), *Schedule E/F* (Official Form 106E/F), or *Schedule G* (Official Form 106G). Use *Schedule D*, *Schedule E/F*, or *Schedule G* to fill out Column 2.**

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

Name

Number Street

City State ZIP Code

☐ Schedule D, line _____

☐ Schedule E/F, line _____

☐ Schedule G, line _____

3.2

Name

Number Street

City State ZIP Code

☐ Schedule D, line _____

☐ Schedule E/F, line _____

☐ Schedule G, line _____

Fill in this information to identify your case:

Debtor 1 Melanie Smith
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) _____
First Name Middle Name Last Name

United States Bankruptcy Court for the: Western District of Washington

Case number 24-10218-CMA
(if known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

Debtor 1

Debtor 2 or non-filing spouse

☐ Employed ☒ Not Employed

☐ Employed ☐ Not Employed

Number Street

Number Street

City State Zip Code

City State Zip Code

How long employed there? _____

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. **List monthly gross wages, salary, and commissions** (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be.

2. \$0.00 \$0.00

3. **Estimate and list monthly overtime pay.**

3. + \$0.00 + \$0.00

4. **Calculate gross income.** Add line 2 + line 3.

4. \$0.00 \$0.00

		For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here.....→	4.	\$0.00	\$0.00	
5. List all payroll deductions:				
5a. Tax, Medicare, and Social Security deductions	5a.	\$0.00	\$0.00	
5b. Mandatory contributions for retirement plans	5b.	\$0.00	\$0.00	
5c. Voluntary contributions for retirement plans	5c.	\$0.00	\$0.00	
5d. Required repayments of retirement fund loans	5d.	\$0.00	\$0.00	
5e. Insurance	5e.	\$0.00	\$0.00	
5f. Domestic support obligations	5f.	\$0.00	\$0.00	
5g. Union dues	5g.	\$0.00	\$0.00	
5h. Other deductions. Specify: _____	5h. +	\$0.00	\$0.00	
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	\$0.00	\$0.00	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$0.00	\$0.00	
8. List all other income regularly received:				
8a. Net income from rental property and from operating a business, profession, or farm				
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.				
	8a.	\$0.00	\$0.00	
8b. Interest and dividends	8b.	\$0.00	\$0.00	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive				
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.				
	8c.	\$0.00	\$0.00	
8d. Unemployment compensation	8d.	\$0.00	\$0.00	
8e. Social Security	8e.	\$0.00	\$0.00	
8f. Other government assistance that you regularly receive				
Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.				
Specify: _____	8f.	\$0.00	\$0.00	
8g. Pension or retirement income	8g.	\$0.00	\$0.00	
8h. Other monthly income. Specify: _____	8h. +	\$0.00	\$0.00	
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$0.00	\$0.00	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse	10.	\$0.00	\$0.00	\$0.00
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. +		\$0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies	12.		\$0.00	Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form?				
<input checked="" type="checkbox"/> No.				
<input type="checkbox"/> Yes. Explain:				

Fill in this information to identify your case:

Debtor 1 Melanie Smith
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) _____
First Name Middle Name Last Name

United States Bankruptcy Court for the: Western District of Washington

Case number 24-10218-CMA
(if known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

- ☒ No
- ☐ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

☐ No. ☐ Yes.

☐ No. ☐ Yes.

☐ No. ☐ Yes.

☐ No. ☐ Yes.

☐ No. ☐ Yes.

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$0.00

If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

4a. \$0.00

4b. \$0.00

4c. \$0.00

4d. \$0.00

		Your expenses
5.	Additional mortgage payments for your residence , such as home equity loans	5. <u> \$0.00 </u>
6.	Utilities:	
6a.	Electricity, heat, natural gas	6a. <u> \$0.00 </u>
6b.	Water, sewer, garbage collection	6b. <u> \$0.00 </u>
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c. <u> \$0.00 </u>
6d.	Other. Specify: _____	6d. <u> \$0.00 </u>
7.	Food and housekeeping supplies	7. <u> \$0.00 </u>
8.	Childcare and children's education costs	8. <u> \$0.00 </u>
9.	Clothing, laundry, and dry cleaning	9. <u> \$0.00 </u>
10.	Personal care products and services	10. <u> \$0.00 </u>
11.	Medical and dental expenses	11. <u> \$0.00 </u>
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. <u> \$0.00 </u>
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13. <u> \$0.00 </u>
14.	Charitable contributions and religious donations	14. <u> \$0.00 </u>
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a.	Life insurance	15a. <u> \$0.00 </u>
15b.	Health insurance	15b. <u> \$0.00 </u>
15c.	Vehicle insurance	15c. <u> \$0.00 </u>
15d.	Other insurance. Specify: _____	15d. <u> \$0.00 </u>
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. <u> \$0.00 </u>
17.	Installment or lease payments:	
17a.	Car payments for Vehicle 1	17a. <u> \$0.00 </u>
17b.	Car payments for Vehicle 2	17b. <u> \$0.00 </u>
17c.	Other. Specify: _____	17c. <u> \$0.00 </u>
17d.	Other. Specify: _____	17d. <u> \$0.00 </u>
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).	18. <u> \$0.00 </u>
19.	Other payments you make to support others who do not live with you. Specify: _____	19. <u> \$0.00 </u>
20.	Other real property expenses not included in lines 4 or 5 of this form or on <i>Schedule I: Your Income</i>.	
20a.	Mortgages on other property	20a. <u> \$0.00 </u>
20b.	Real estate taxes	20b. <u> \$0.00 </u>
20c.	Property, homeowner's, or renter's insurance	20c. <u> \$0.00 </u>
20d.	Maintenance, repair, and upkeep expenses	20d. <u> \$0.00 </u>
20e.	Homeowner's association or condominium dues	20e. <u> \$0.00 </u>

21. Other. Specify: _____

21. + \$0.00

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22a. \$0.00

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$0.00

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$0.00

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$0.00

23b. Copy your monthly expenses from line 22c above.

23b. - \$0.00

23c. Subtract your monthly expenses from your monthly income.

The result is your monthly net income.

23c. \$0.00

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

None

Fill in this information to identify your case:

Debtor 1	<u>Melanie</u>	<u>Smith</u>	
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Western District of Washington</u>		
Case number (if known)	<u>24-10218-CMA</u>		

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new **Summary** and check the box at the top of this page.

Part 1: Summarize Your Assets

1. **Schedule A/B: Property** (Official Form 106A/B)

1a. Copy line 55, Total real estate, from <i>Schedule A/B</i>	<u>\$1,000,000.00</u>
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i>	<u>\$11,899.00</u>
1c. Copy line 63, Total of all property on <i>Schedule A/B</i>	<u>\$1,011,899.00</u>

Your assets

Value of what you own

Part 2: Summarize Your Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 106D)

2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i>	<u>\$301,000.00</u>
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3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	<u>\$0.00</u>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	<u>\$0.00</u>
	+

Your total liabilities

\$301,000.00

Your liabilities

Amount you owe

Part 3: Summarize Your Income and Expenses

4. **Schedule I: Your Income** (Official Form 106I)

Copy your combined monthly income from line 12 of <i>Schedule I</i>	<u>\$0.00</u>
---	---------------

5. **Schedule J: Your Expenses** (Official Form 106J)

Copy your monthly expenses from line 22c of <i>Schedule J</i>	<u>\$0.00</u>
---	---------------

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes

7. What kind of debt do you have?

- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those “incurred by an individual primarily for a personal, family, or household purpose.” 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the **Statement of Your Current Monthly Income**: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$0.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

Total claim

From Part 4 on Schedule E/F, copy the following:

- 9a. Domestic support obligations (Copy line 6a.)\$0.00
- 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)\$0.00
- 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)\$0.00
- 9d. Student loans. (Copy line 6f.)\$0.00
- 9e.Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)\$0.00
- 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)+ \$0.00
- 9g. **Total.** Add lines 9a through 9f.\$0.00

Fill in this information to identify your case:

Debtor 1	<u>Melanie</u>	<u>Smith</u>
	First Name	Middle Name Last Name
<hr/>		
Debtor 2		
(Spouse, if filing)	First Name	Middle Name Last Name
<hr/>		
United States Bankruptcy Court for the:	<u>Western District of Washington</u>	
<hr/>		
Case number	<u>24-10218-CMA</u>	
(if known)		

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

- ☒ No
- ☐ Yes. Name of person _____ Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)*.

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Melanie Smith
Melanie Smith, Debtor 1

Date 08/12/2024
MM/ DD/ YYYY

Fill in this information to identify your case:

Debtor 1 Melanie Smith
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) _____
First Name Middle Name Last Name

United States Bankruptcy Court for the: Western District of Washington

Case number 24-10218-CMA
(if known)

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☐ Married
- ☒ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☒ No
- ☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
	<input type="checkbox"/> Same as Debtor 1		<input type="checkbox"/> Same as Debtor 1
_____ Number Street	From _____ To _____	_____ Number Street	From _____ To _____
_____ City State ZIP Code		_____ City State ZIP Code	
	<input type="checkbox"/> Same as Debtor 1		<input type="checkbox"/> Same as Debtor 1
_____ Number Street	From _____ To _____	_____ Number Street	From _____ To _____
_____ City State ZIP Code		_____ City State ZIP Code	

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?(Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No
- ☐ Yes. Make sure you fill out *Schedule H: Your Creditors* (Official Form 106H).

Part 2: Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☒ No
- ☐ Yes. Fill in the details.

	Debtor 1		Debtor 2
	Sources of income	Gross Income	Sources of income
	Check all that apply.	(before deductions and exclusions)	Check all that apply.
			Gross Income
			(before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business		<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
For last calendar year: (January 1 to December 31, 2023) YYYY	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business		<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
For the calendar year before that: (January 1 to December 31, 2022) YYYY	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business		<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

- ☐ No
- ☒ Yes. Fill in the details.

	Debtor 1		Debtor 2
	Sources of income	Gross income from each source	Sources of income
	Describe below.	(before deductions and exclusions)	Describe below.
			Gross Income from each source
			(before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	SSI	\$1,810.00	
For last calendar year: (January 1 to December 31, 2023) YYYY	SSI	\$1,759.00	
For the calendar year before that: (January 1 to December 31, 2022) YYYY			

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575* or more?

☐ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$7,575* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.

☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

☒ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
Creditor's Name				<input type="checkbox"/> Mortgage
				<input type="checkbox"/> Car
Number Street				<input type="checkbox"/> Credit card
				<input type="checkbox"/> Loan repayment
				<input type="checkbox"/> Suppliers or vendors
City State ZIP Code				<input type="checkbox"/> Other _____

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

☒ No

☐ Yes. List all payments to an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name				
Number Street				
City State ZIP Code				

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider.

- ☒ No
- ☐ Yes. List all payments that benefited an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name				
Number Street				
City State ZIP Code				

Part 4:

Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☒ No
- ☐ Yes. Fill in the details.

	Nature of the case	Court or agency	Status of the case
Case title			<input type="checkbox"/> Pending
		Court Name	<input type="checkbox"/> On appeal
Case number		Number Street	<input type="checkbox"/> Concluded
		City State ZIP Code	

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.

- ☒ No. Go to line 11.
- ☐ Yes. Fill in the information below.

Debtor 1	Melanie		Smith	Case number (if known) 24-10218-CMA
	First Name	Middle Name	Last Name	
			Describe the property	Date
				Value of the property
Creditor's Name				
Number Street			Explain what happened	
			<input type="checkbox"/> Property was repossessed.	
			<input type="checkbox"/> Property was foreclosed.	
			<input type="checkbox"/> Property was garnished.	
City State ZIP Code			<input type="checkbox"/> Property was attached, seized, or levied.	

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No
- ☐ Yes. Fill in the details.

	Describe the action the creditor took	Date action was taken	Amount
Creditor's Name			
Number Street			
City State ZIP Code			
Last 4 digits of account number: XXXX- _ _ _ _			

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No
- ☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No
- ☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
<div>Person to Whom You Gave the Gift</div> <div></div> <div></div> <div>Number Street</div> <div>City State ZIP Code</div> <div>Person's relationship to you</div>			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- ☒ No
- ☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
<div>Charity's Name</div> <div></div> <div></div> <div>Number Street</div> <div>City State ZIP Code</div>			

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- ☒ No
- ☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .	Date of your loss	Value of property lost

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☒ No

☐ Yes. Fill in the details.

	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid			
Number Street			
City State ZIP Code			
Email or website address			
Person Who Made the Payment, if Not You			

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

☒ No

☐ Yes. Fill in the details.

	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid			
Number Street			
City State ZIP Code			

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).

Do not include gifts and transfers that you have already listed on this statement.

☒ No

☐ Yes. Fill in the details.

Description and value of property transferred		Describe any property or payments received or debts paid in exchange	Date transfer was made
Person Who Received Transfer			
Number Street			
City State ZIP Code			
Person's relationship to you			

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

- ☒ No
- ☐ Yes. Fill in the details.

Description and value of the property transferred	Date transfer was made
Name of trust	

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☒ No
- ☐ Yes. Fill in the details.

Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
Name of Financial Institution	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other		
XXXX- - - -			
Number Street			
City State ZIP Code			

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☒ No
- ☐ Yes. Fill in the details.

Who else had access to it?		Describe the contents	Do you still have it?
<div>Name of Financial Institution</div> <div></div> <div>Number Street</div> <div></div> <div>City State ZIP Code</div> <div></div>		<div></div>	<input type="checkbox"/> No
<div>Name</div> <div></div> <div>Number Street</div> <div></div> <div>City State ZIP Code</div> <div></div>			<input type="checkbox"/> Yes

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☒ No
- ☐ Yes. Fill in the details.

Who else has or had access to it?		Describe the contents	Do you still have it?
<div>Name of Storage Facility</div> <div></div> <div>Number Street</div> <div></div> <div>City State ZIP Code</div> <div></div>		<div></div>	<input type="checkbox"/> No
<div>Name</div> <div></div> <div>Number Street</div> <div></div> <div>City State ZIP Code</div> <div></div>			<input type="checkbox"/> Yes

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☐ No
- ☒ Yes. Fill in the details.

Where is the property?	Describe the property	Value
<div>Henry Stewart</div> <div>Owner's Name</div> <div></div> <div>Number Street</div> <div></div> <div>City State ZIP Code</div> <div></div>	<div>Security deposit of tenant in Mr. Stewart's property</div> <div></div>	<div>\$1,765.00</div>
<div></div> <div>Number Street</div> <div></div> <div>City State ZIP Code</div> <div></div>		

Part 10: Give Details About Environmental Information**For the purpose of Part 10, the following definitions apply:**

- *Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- *Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- *Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.**24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?**

No

☐ Yes. Fill in the details.

Governmental unit	Environmental law, if you know it	Date of notice
-------------------	-----------------------------------	----------------

Name of site

Governmental unit

Number Street

Number Street

City State ZIP Code

City State ZIP Code

25. Have you notified any governmental unit of any release of hazardous material?

No

☐ Yes. Fill in the details.

Governmental unit	Environmental law, if you know it	Date of notice
-------------------	-----------------------------------	----------------

Name of site

Governmental unit

Number Street

Number Street

City State ZIP Code

City State ZIP Code

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No

☐ Yes. Fill in the details.

Debtor 1 **Melanie** **Smith** Case number (if known) **24-10218-CMA**
First Name Middle Name Last Name

Court or agency	Nature of the case	Status of the case
Case title _____ _____ _____ Case number _____	Court Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
- ☐ A partner in a partnership
- ☐ An officer, director, or managing executive of a corporation
- ☐ An owner of at least 5% of the voting or equity securities of a corporation
- ☒ No. None of the above applies. Go to Part 12.
- ☐ Yes. Check all that apply above and fill in the details below for each business.

Name _____ _____ Number Street _____ _____ City State ZIP Code	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
		EIN: _ _ - _ _ _ _ _
	Name of accountant or bookkeeper	Dates business existed
		From _____ To _____

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- ☒ No
- ☐ Yes. Fill in the details below.

	Date issued
Name _____	_____ MM / DD / YYYY
Number Street _____	
_____ _____ City State ZIP Code	

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X

/s/ Melanie Smith

Signature of Melanie Smith, Debtor 1

Date

08/12/2024

Did you attach additional pages to your *Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

☒

No

☐

Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒

No

☐

Yes. Name of person

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).